Senate Commerce Committee Amendment

FILED
Date _____
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Comm. Amdt. _____
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AMENDMENT NO._____

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Signature of Sponsor

AMEND Senate Bill No. 2379* House Bill No. 2364

by deleting all language after the enacting clause and by substituting instead the following:

SECTION 1. Tennessee Code Annotated, Title 56, Chapter 7, Part 25, is amended by adding the following language as a new, appropriately designated section:

Section ___. (a) Every individual, franchise, blanket or group health insurance policy, medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization that provides maternity benefits and is delivered, issued for delivery, amended or renewed on or after July 1, 1996, shall provide coverage for a minimum of forty-eight (48) hours of in-patient care following a vaginal delivery and a minimum of ninety-six (96) hours of in-patient care following a cesarean section for a mother and her newly born child in a hospital licensed by the board for licensing health care facilities.

(b) Notwithstanding the provisions of subsection (a), a policy, plan or contract, as described above, that provides coverage for a post-delivery physical examination or a nurse home visit, which ever is most medically appropriate, of the mother and her newly born child within forty-eight hours of early discharge, shall not be required to provide for a minimum of forty-eight (48) hours and ninety-six (96) hours, respectively, of in-patient care unless such in-patient care is determined to be medically necessary by the attending physician. Any such decisions are to made after consultation between the attending physician and the mother. For the purposes of this section, attending physician shall include the attending obstetrician, pediatrician or the physician attending the mother or newly born child. The follow-up examination or home visit shall be considered a provider encounter.

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(c) No provider shall be denied participation, reimbursement or reduction in reimbursement within a network solely related to their compliance with this act.

(d) Each insurer issuing an individual, franchise, blanket or group health insurance policy, or each medical service plan, contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, or health maintenance organization shall provide notice to policyholders, enrollees or subscribers regarding the coverage required by this section in accordance with this subsection and regulations promulgated by the commissioner of commerce and insurance. The notice shall be in writing and prominently positioned in any literature or correspondence and shall be transmitted at the earliest of:

(1) the next mailing to the policyholder, enrollee or subscriber;

(2) the yearly informational packet sent to the policyholder, enrollee or subscriber; or

(3) July 1, 1996.

SECTION 2. For purposes of promulgating rules and regulations, this act shall take effect upon becoming a law, the public welfare requiring it. For all other purposes this act shall take effect July 1, 1996, the public welfare requiring it.